PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									1	0/:	187	360		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			. OF	OTHER THAN SMALL ENTITY		
T	OTAL CLAIMS	§ .						RATE	Т	FEE	٦	RATE		EE
F	OR .		NUMBER FILED		NUMBER EXTRA		·	BASIC FI	EE 3	85.00	OR	BASIC FEE	+	0.00
TOTAL CHARGEABLE CLAIMS			minus 20=				. 1	X\$ 9=			OR	XS18=		
IN	DEPENDENT O	CLAIMS .	minus 3 =		•			X43=			OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT						+	•	┨~~		\vdash	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	4		OR	Ļ	<u> </u>	-
CLAIMS AS AMENDED - PART II								TOTAL	L		OR	TOTAL	L.	
		(Column 1)	(Column 2) (Column 2)			(Column 3)	_	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	2127/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TI	DDI- ONAL		RATE	TIO	DDI- NAL EE
	Total	- 14	Minus	- 26	3	=		XS 9=	1		OR	X\$18=		
	Independent	1. 5	Minus		5	=		X43=	Π		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	17			+290=		•
	•	·					L	TOTAL	+(OR	TOTAL		
(Column 1)							A	ODIT. FEE	L		OR	ADDIT. FEE		<u> </u>
\vdash	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								Ι	201	1 r			
AMENDMENT B	10/26 PHE REMAININ AFTER AMENDMEN			NUMB PREVIOU PAID-F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE	
	Total	• 14 Minus - 20) .	=		X\$ 9=		1	OR	X\$18=			
	Incependent	Incependent - 5 Min		DEPENDENT C			X43=			OR	X86=			
			,em ee oe	- CHOCKI (<u></u>		+145=			OR	+290=		
				•			. Al	TOTAL DDIT. FEE		•	OR.	TOTAL ODIT. FEE		
		(Column 1)		(Columi		(Column 3)		: .		٠.			٠	
AMENDMENT C		REMAINING NUMB AFTER PREVIO		HIGHE: NUMBE PREVIOU PAID FO	R. ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE			RATE	ADDI- RATE TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***		=	┢	X43=			f	X86=		ᅱ
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		-	740=			OR -	700=		-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
	the "Highest Nur the "Highest Nur	mber Previously Pain mber Previously Pain her Previously Pain	d For IN THIS	S SPACE is It S SPACE is It	ess than ess than	20, enter "20." 3, enter "3."	AD	TOTAL DIT. FEE		ا	OR A	TOTAL DDIT. FEE		4

Application or Docket Number